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APPLICANTS

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**** CONTINUATING DATA *******

This appln claims benefit of 60/458,244 03/28/2003 ✓ ✓

**** FOREIGN APPLICATIONS ********NONE***IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 06/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>chx</i>	Initials <i>8/31/06</i>		

ADDRESS

20985

TITLE

GASTRIN HORMONE IMMUNOASSAYS

FILING FEE RECEIVED 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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